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APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. IO616,705 07/10/2003 Mike Zeeff MAR-021133 1561  TITLE OF INVENTION: ARTIFICIAL BONE  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$700 \$300 \$1000 01/18/2006  EXAMINER ART UNIT CLASS-SUBCLASS FERNSTROM, KURT 3711 434-274000  [Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). CFR 1.363). CFR 1.363.  [Change of correspondence address (or Change of Correspondence Address on PriOSB/122) attached. Cell the name of a single firm (having as a member a registered patient attorneys or agents OR, alternatively, 2.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignment.  (A) NAME OF ASSIGNEE (B) RESEARCH ZEELAND, MICH IGAN ORPORATION  Please check the appropriate assignee category or categories (will not be printed on the patent). Individual (A) Corporation or other private group entity Government of Pee(s):  Also provided the properties assignee category or categories (will not be printed on the patent). Individual (A) Corporation or other private group entity Government of Pee(s):  Also provided the private group entity Government of Pee(s):  Also provided the private group entity Government of Pee(s):  Also provided the private group entity Government of Pee(s):  Also provided the private group entity Government of Pee(s):  Also provided the private group entity Government of Pee(s):  Also provided the private group entity Government of Pee(s):  Also provided the private group entity Government of Pee(s):  Also provided the private group entity Government of Pee(s):  Also provided the private group entity Government of Pee(s):  Also provided the private group entity Government of Pee(s):  Also provided the private group entity Government of Pee(s):  Also provided the private group entity Government of Pee(s):  Also p	-170 College Avent SUITE 230 -HOLLAND, MI 49	e <del>, PLC</del> THE N 3133 H 10 <del>2423</del> HUDSONVI	IATSON I GHLAND D LLE, MI 49	P GRO R, STE 426	ZOO Cei Thereby certify that the States Postal Service addressed to the Mai transmitted to the USF	rtificate of Mailing or Tran nis Fee(s) Transmittal is beir with sufficient postage for fi il Stop ISSUE FEE address TO (571) 273-2885, on the	smission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.
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FERNSTROM, KURT  3711  434-274000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  "Fee Address" indication for "Fee Address" Indication form PTO/SB/122) attached.  "Fee Address" indication for "Fee Address" Indication form Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  MEDICAL ACCESSORIES \$ RESEACH  CORPORATION  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Governing the following fee(s) are enclosed:  A check in the amount of the fee(s) is enclosed.  Payment of Fee(s):  Sasue Fee  Publication Fee (No small entity discount permitted)  A dvance Order: # of Copies  A check in the amount of the fee(s) is enclosed.  Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment of Fee(s):  A check in the amount of the fee(s), or credit any overpayment (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  Payment by credit card. Form PTO-2038 is attached.  Deposit Account Number  Concrete of the UspTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other part interest as shown by	nonprovisional	nonprovisional YES				31000	01/18/2000
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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